HEALTH QUALITY COUNCIL **2005-2006** ANNUAL REPORT

BUILDING CAPACITY FOR QUALITY IMPROVEMENT

HEALTH QUALITY COUNCIL

Health Quality Council 2005-2006 Annual Report

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The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system.

Vision

To make Saskatchewan health care better.

Mission

Our mission is to improve the quality of care and the caring experience in Saskatchewan by encouraging use of best practice. We are doing this by:

- Engaging our partners
- Measuring and reporting on quality of care
- Promoting quality improvement

Values

Our values are the building blocks for quality health care:

- **Changing the culture:** Improving the quality of health care requires managers and providers to change the way they think about their work.
- **Sharing successes and learning:** Peer-to-peer sharing of lessons learned—particularly successes—demonstrates what is possible.
- **Engaging patients:** Patient feedback on the care they receive is a powerful force for improvement.
- **Partnering with managers and providers:** People are more open to change if they are involved in determining what that change looks like.
- **Basing improvement on evidence:** Quality improvement must be rooted in the best evidence, not tradition or opinion.
- **Organizing for results:** Enthusiasm, training, and collaboration are not enough; quality improvement demands goal-focused systems and measurement tools to chart progress.

Definition of quality

Quality health care is care that is accessible, safe, effective, patient-centred, timely, efficient, and equitable.

Mandate

Our mandate is to:

- Monitor standards of care
- Research and develop new standards of care
- Assess prescribing and use of prescription drugs
- Oversee drug approval processes
- Review new technologies
- Promote training and education programs
- Monitor and assess quality of services
- Explore human resource issues

HEALTH QUALITY COUNCIL

Letter of Transmittal

The Honourable Len Taylor
Minister of Health
Room 346, Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Taylor:

I am pleased to submit the annual report for the Health Quality Council. This report for 2005 – 2006 fiscal year is submitted in accordance with the requirements of *The Health Quality Council Act* and *The Tabling of Documents Act*.

J Stewart McMillan

Dr. J. S. McMillan
Board Chair
Health Quality Council

Message from the Board Chair

Dr. J. Stewart McMillan

I will step down as Chair of the Health Quality Council (HQC) in June, after serving in this role since the agency's inception in 2002. My pending retirement from the position affords a good opportunity to reflect on our growth as a quality improvement organization.

In our first strategic plan, we articulated HQC's mission to improve the quality of health care and the caring experience in Saskatchewan. We will reach that goal by continuing to work closely with individual providers and managers, regional health authorities, professional associations, government, and the public to create a culture of quality improvement in Saskatchewan's health care system. Our board envisions a time when quality improvement beliefs, values, and behaviours are so prevalent that they are accepted as a "given." To that end, much of our work over the last three years has focused on building capacity—both within HQC and in the health care system—to achieve and sustain quality improvement.

We began by establishing the Council's infrastructure, hiring a CEO, increasing our staff complement, and building relationships with our health system partners. Obtaining access to Saskatchewan Health administrative data was a critical first step in our measurement and analysis work; only by measuring existing quality of care in Saskatchewan could we identify opportunities for improvement.

We streamlined our data analysis methods, which enabled us to produce four reports this year, on the quality of asthma care, drug management in community dwelling seniors, and diabetes care, and on patients' experiences in acute care hospitals. Identifying areas for improvement through quality measurement—while an important part of our work—is only the beginning. Well before we release findings publicly, our knowledge exchange staff are working with managers and providers to begin mapping strategies to improve care. This year saw the formation of a number of quality improvement teams that tested change ideas using the Model for Improvement.

With interest and enthusiasm for quality improvement gaining momentum, demand for quality improvement training increased.

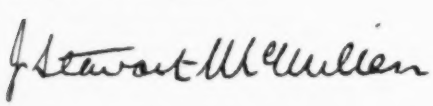
We responded by investing considerable time and resources in targeted capacity-building activities this year. We developed and delivered Teams and Leaders in Quality Improvement Training (TLQIT) workshops to more than 600 people in health regions across the province.

Over 700 people attended our annual broadcast of the Institute for Healthcare Improvement's National Forum on Quality Improvement, evidence of continued interest in a program that offers inspiration, motivation, and ideas for quality improvement.

Our largest capacity-building effort to date—the Saskatchewan Chronic Disease Management Collaborative—was launched this year. I am excited about the potential impact of this large-scale improvement initiative on the quality of life for people living with heart disease and diabetes. The first wave of the Collaborative involves all 13 health regions and 35 family physician practices in Saskatchewan.

In four short years, HQC has matured into a respected organization that is a catalyst and a resource for quality improvement. We are starting to see signs of culture change: quality improvement language is in common use, managers and providers are applying the Model for Improvement in their work, and evidence-based health care practices are making a difference in the lives of Saskatchewan people. We need to build upon this momentum and advocate for system changes that will hasten the creation of a widespread quality improvement culture in Saskatchewan.

I congratulate Dan Florizone on his appointment as Chair of the Health Quality Council and wish him well as he takes the helm of this progressive organization.



J. Stewart McMillan, MB, ChB, CCFP, FCFP
Board Chair

Message from the CEO

Dr. Ben Chan

The Health Quality Council is an organization dedicated to inspiring, supporting, nurturing, and bringing about quality improvement in Saskatchewan. We are proud to be on the leading edge of a movement that is starting to catch fire across the country. In November 2002, we became the first permanent quality council to be established in Canada. We are pleased to now be joined by sister organizations such as the Health Quality Councils in Alberta and Ontario, the Health Council of Canada, and the Canadian Patient Safety Institute. Reporting publicly on quality of care is a core function of all of these organizations. Our agency has again led the way in taking the critical next step, by finding ways in which the health care system can respond with concrete action to the quality issues identified in our reports.

Making the transition from reporting to action requires capacity in the system to lead and manage change. The key plank in our 2004 strategic plan aimed at achieving this transition was the creation of quality improvement teams. A critical way of building capacity for change is to train people in the system to manage and participate in quality improvement (QI) teams, then find meaningful and tangible opportunities for them to try out their QI knowledge in real-life settings. Through our Teams and Leaders in Quality Improvement Training (TLQIT) sessions, we trained some 600 health care managers and front-line staff at many different sites across the province in the basics of quality improvement theory.

The Chronic Disease Management Collaborative is one of the largest and most ambitious quality improvement activities in Canada. To date, this HQC-led project has enabled us to connect with hundreds of health care providers and managers, all of whom are committed to enhancing quality of care for people with diabetes and heart disease and improving access to their services. This past year, we also worked with our partners to establish QI teams in ICU patient safety, drug management and skin and

wound treatment in long-term care, and patient flow in the emergency department and in breast cancer care.

Building relationships is essential to our work in both quality measurement and quality improvement. We value and nurture our working relationships with regional health authorities, professional associations, First Nations, Saskatchewan Health, community-based organizations, and front-line workers and managers, as we work together to create a constructive, supportive environment for improving the quality of care in Saskatchewan.

As capacity is being built, however, other steps need to occur. We can build the vehicle, but we also need a good idea of where that vehicle will take us. This year, we began regular discussions with the CEOs and other senior leaders in the system on how to set a vision for quality improvement and align QI priorities in the province. We have also begun working with RHA boards to find ways to make governance deliberations more focused on system-wide quality. Identifying a big picture vision for system-wide change and strategies for accomplishing this change will continue to be a major component of our work next year.

Saskatchewan's Health Quality Council is distinct in Canada in its approach to improving the quality of health care. Together with our partners, we invest considerable time and energy in building and maintaining relationships. We have worked hard to build capacity and create QI teams that are now beginning to bear fruit. The next year is filled with great promise for even more progress toward system-wide improvement in our health care system.

Ben Chan, MD, MPH, MPA
Chief Executive Officer

Building *relationships, knowledge, skills, experience, optimism, enthusiasm* ***for***

During the past year, much of our activity focused on building capacity for quality improvement in the province's health care system. We worked to enhance the ability of Saskatchewan's health managers and providers—in primary, community, acute, and long-term care—to participate in HQC-led projects but also to carry out their own improvement initiatives.

System-wide QI activities

HQC

Satellite Broadcast
of the IHI National Forum on
Quality Improvement in Health Care

Over 700 health care providers, managers, and others attended our fourth annual broadcast of the National Forum on Quality Improvement in Health Care, on December 13 and 14, 2005.

The broadcast, offered at SCN sites across the province, is an inspiring combination of presentations from the Institute for Healthcare Improvement's annual conference and provincial quality improvement stories. Attendees say this event motivates and encourages them to apply quality improvement concepts in their work setting.

Primary Health Care

Saskatchewan Chronic Disease Management (CDM) Collaborative

In November 2005, HQC—together with its health system partners—launched the largest quality improvement initiative ever undertaken in this province. The Saskatchewan Chronic Disease Management Collaborative is improving quality of care for patients with diabetes and coronary artery disease (CAD), and increasing access to physician appointments.

The CDM Collaborative was organized in response to a pair of HQC projects identifying significant opportunities for improvement. In January, we released a report that showed less than half of people with diabetes have blood sugar levels in the recommended range, or LDL ("bad") cholesterol levels that are on target. A previous HQC report found many Saskatchewan heart attack patients are not on key medications proven to save lives and prevent second heart attacks.

Approximately 200 health care professionals (including doctors, nurses, office managers, nurse practitioners, pharmacists, dietitians, cardiac rehabilitation therapists, diabetes educators, and RHA senior leaders) will attend four Learning Workshops over 10 months, to learn about proven ways to improve care for patients with diabetes, heart disease, or both, and how to enhance access to medical practices. In November 2006 another 20% of family physicians and general practitioners will participate in the second wave of the CDM Collaborative.

This major change initiative is building quality improvement capacity by:

- Introducing 16% of Saskatchewan family doctors and other health care providers to the Collaborative method of improvement. It is equipping them with the tools to apply improvement science to other aspects of their practice.
- Teaching participants how to implement changes to their practice using plan, do, study, act (PDSA) cycles, and how to measure the effects of the changes.
- Enabling participants to learn from one another at four Learning Workshops. Successful tests of change are shared and participants take home new ideas to try in their own setting.
- Promoting a team approach to managing care, involving the physician, nurse, office staff, and community health care providers. The active involvement of patients in this health care team helps build the capacity for self-management among those living with diabetes and heart disease.

Collaborative with a capital "C"

A **Collaborative** is an improvement method that relies on the spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.

It is a learn-by-doing approach to quality improvement that brings together practitioners from various disciplines and sites and facilitates the sharing of ideas on how to improve care. Change ideas are based on evidence from research literature.

Collaboratives have been used in British Columbia and in other countries to achieve significant improvements in health care quality.

and quality improvement

The ICU Collaborative Team at Victoria Hospital in Prince Albert Parkland Health Region used multidisciplinary rounds to discuss their new VTE assessment tool and plan the appropriate treatment for each ICU patient.

Acute Care

Saskatchewan Adult Intensive Care Unit (ICU) Collaborative

At the encouragement of Dr. Jaime Pinilla, an ICU physician at Royal University Hospital in Saskatoon, HQC organized a Collaborative to address two issues common to most critically ill patients: prevention of potentially dangerous blood clots called venous thromboembolism (VTE) and control of sedation and agitation.

Evidence-based guidelines recommend all patients be assessed for VTE risk when they are admitted to the ICU, and that those at moderate to high risk receive preventive treatment matching their level of risk. Similarly, studies have shown that better control of sedation—through regular use of a standardized scoring system—improves patient outcomes, including getting them off a ventilator sooner. A preliminary review of data from Saskatchewan hospitals showed these best practices were not being consistently applied in adult ICUs.

Between January 2005 and January 2006, HQC worked with multidisciplinary teams of providers and managers from seven Saskatchewan hospitals to address these two care issues. Units met four times for day-long learning sessions; in between these sessions, they tested different ways to apply two evidence-based best practices: monitoring patients' level of sedation using a standardized scoring system, and assessing and providing preventive treatment based on patients' risk of VTE. A group of physician experts, called faculty, helped participating ICUs identify small-scale changes to test, then guided them in applying these improvements. Participating teams successfully improved their quality of care in both areas.

This project built quality improvement capacity by:

- Providing hands-on quality improvement experience to multidisciplinary teams, involving 45 providers and managers.
- Demonstrating that the Collaborative approach can be used to improve quality of care and patient safety in Saskatchewan's health care system.
- Creating momentum for further improvements in quality of care. Participating teams are now involved in other local and national initiatives, including the Canadian ICU Collaborative and the Canadian Patient Safety Institute's Safer Healthcare Now! campaign.

Improving patient flow in emergency departments

The emergency department (ED) is a complex, busy, care environment, visited by patients of all ages with a wide range of acute illnesses and injuries. In 2004, the EDs in Regina and Saskatoon together treated more than 175,000 people. Saskatchewan emergency departments are staffed by skilled, dedicated professionals who attend to patients as quickly as possible. Saskatoon and Regina Qu'Appelle health regions, however, believe they can do an even better job.

With funding from Saskatchewan Health's Technical Efficiency Fund, and technical support from HQC, the province's two largest RHAs are applying an improvement science called Operations Research to the challenge of patient flow in the ED. They are using this hybrid of industrial engineering and management science to analyze data on patient movement within the EDs, identify areas for improvement, and test—using simulation models—different strategies for enhancing service delivery in this dynamic environment.

This project is building quality improvement capacity by:

- Increasing understanding among staff and managers in Saskatoon and Regina EDs about how Operations Research can be used to improve health care quality.
- Training teams from both regions in QI methodology, including how to test and measure potential improvements in the ED. We presented our Teams and Leaders in Quality Improvement Training (TLQIT, pronounced toolkit) workshops to these groups.
- Involving staff and managers in discussions about where the Operations Research analysis has identified bottlenecks within the ED and soliciting their ideas for improving performance.

System-wide QI activities cont'd

Teams and Leaders in Quality Improvement Training (TLQIT) Workshops

Saskatchewan managers and providers responded enthusiastically to HQC's new TLQIT workshop. More than 600 managers and providers around the province participated in the workshops, which were delivered in most health regions.

TLQITs are an intensive one-day session that equips participants with the blueprint and tools they need for local improvement projects.

Quality Indicator Registry (QuIndiR)

We have added to our web site a new database of the indicators used in HQC reports on quality of care. QuIndiR (pronounced Quinder) includes a detailed but non-technical definition of each indicator, the rationale for its use, and a list of those aspects of quality for which the indicator is most relevant. Such at your fingertips information is extremely valuable for decision makers or researchers interested in the topic area and for others who just want to know more about our research methods.

Innovation Fund

HQC's Innovation Fund supports the innovative application of evidence-based strategies for improving health care delivery in Saskatchewan. Since 2003, 23 initiatives —including eight this year—have received financial support through the fund. In May, we hosted a one-day workshop where fund recipients shared what they have learned about using the Model for Improvement, building multidisciplinary teams, measuring improvement, and obtaining support from senior leaders.

Emergency Departments cont'd

- Supporting ED staff at Saskatoon's Royal University Hospital as they implemented three plan, do, study, act (PDSA) cycles of change to improve communication and reduce the time patients wait to be assessed by a doctor in the ED (upon arrival and if they are being admitted to hospital).

Long-term Care

Drug management in long-term care

Managing medications is an important aspect of seniors' health care. The elderly generally take more medications than the rest of the population, and as people get older their bodies can become more sensitive to drugs.

A December 2004 HQC report showed there are opportunities to improve the quality of drug management for Saskatchewan seniors living in long-term care. We recruited eight special care homes to test different strategies for achieving this aim.

Health professionals in participating sites are working in teams to ensure that residents are taking the most appropriate medications. Although each facility is testing different improvement tools and strategies, all sites have assembled multidisciplinary QI teams that closely involve pharmacists and are addressing medication processes (such as ordering and monitoring medications).

This project is building quality improvement capacity by:

- Providing funding, quality improvement training, and mentoring to health providers and managers in eight special care homes. This will enhance the ability of participants to engage in future quality improvement activities.
- Sharing widely those strategies and tools that prove most effective in improving drug management, patient safety, and quality of life for long-term care residents.

Community Care

Asthma care

Asthma is a serious chronic lung condition that affects more than two million Canadians, including 10% to 15% of this country's children. It is the leading cause of hospitalization among kids and contributes to a significant number of visits to the emergency department and to family doctors.

In September, HQC released a report showing that nearly one in five (18%) Saskatchewan people with asthma in our study population do not have good control of their condition.

In response to these findings, the Lung Association of Saskatchewan and HQC developed a directory of asthma educators who are trained to help people living with the condition better understand asthma. Intensive education programs have been shown to be effective in improving patients' self-management, thereby reducing asthma symptoms and preventing hospitalizations.

We identified community pharmacists with a particular interest in asthma care and brought them together to discuss various approaches to improving care. The pharmacists are learning about QI and testing ideas for improvement with guidance from HQC. Regular meetings organized by HQC provide a forum for sharing what works well and what can be changed in their approach to managing asthma. Ultimately, we will share with other pharmacists those strategies that prove most effective.

In December we presented information on effective asthma care to approximately 70 health care providers through Saskatchewan's Telehealth network.

This spring, the Rx Files Academic Detailing Program met with individual physicians to share information on improving asthma care. As part of these sessions, doctors received copies of the Asthma Action Plan, a tool developed by HQC to help doctors and patients manage the condition.

The asthma care study was conducted with the assistance of a nine-member expert advisory committee, shown here with some HQC staff members who also worked on the project.

Back (l to r):
Dr. Jerry Danielson, *M.D.;*
Paul Cascagnette, *HQC Senior Programmer/Analyst;* ***Derek Jorgenson,*** *HQC Knowledge Exchange Consultant;* ***Bill Cannon,*** *RN;* ***Dr. A. Kumar Ramlall,*** *Pediatric Respirologist, Royal University Hospital.*

Middle (l to r):
Laurie Gander, *HQC Program Director;* ***Helena Klomp,*** *HQC Senior Researcher.*

Front (l to r):
Donna Rennie, *RN, PhD;* ***Jan Haffner,*** *VP of Health Initiatives, Lung Association of Saskatchewan;* ***Pat Smith,*** *Pharmacist and Certified Asthma Educator;* ***Dr. Don Cockcroft,*** *Adult Respirologist, Professor of Medicine, University of Saskatchewan;* ***Josh Lawson,*** *PhD student; and,* ***Dr. B. R. Datta,*** *Pediatrician.*

With our partners, we are building the capacity of health care providers to deliver better asthma care and asthma patients to manage their condition by:

- Promoting the services of the province's asthma educators.
- Providing a forum for community pharmacists to share their strategies for improving management of the condition.
- Enhancing the ability of family physicians to manage asthma.
- Increasing awareness of effective asthma care strategies.

Drug management in community-dwelling seniors

Following our report on drug management of seniors living in long-term care, our health system partners encouraged us to address the same issue for seniors living in the community. When we analyzed Saskatchewan data, we found that 15% of seniors living outside of long-term care facilities were chronically dispensed at least one drug that increases the risk of confusion, dizziness, and falls, and nearly one in four sporadically received at least one of these drugs in fiscal year 2003-04.

In response to our findings, the College of Physicians and Surgeons of Saskatchewan, Saskatchewan College of Pharmacists, and Saskatchewan Registered Nurses' Association committed to raising awareness among their respective members and seniors about the potential risks of these drugs. The professional groups are also encouraging seniors to talk to their health care professionals about both the benefits and risks of using such medications.

Providers and managers at a primary health centre and one home care region in Saskatoon are testing ways to improve medication management of seniors living in the community. In both projects, teams are identifying and referring to a pharmacist for complete medication reviews those clients at high risk for medication problems.

Further quality improvement initiatives supported by HQC are building quality improvement capacity by:

- Providing screening tools and implementation and measurement support to the improvement teams in Saskatoon.
- Disseminating successful strategies that emerge from these projects, so that improvements are spread to other parts of the province.

Speech language pathology

Early treatment of children with communication disorders affecting language, speech, voice, and fluency is critical in preventing problems in their emotional and educational development. When an increased demand for Speech Language Pathology (SLP) services in Prairie North Health Region resulted in treatment delays, the region sought solutions to its growing wait lists.

With funding from Saskatchewan Health's Technical Efficiency Fund, HQC is working with the health region to assess current processes, identify improvement options, and test these changes using computer models before implementing them.

This project is improving quality improvement capacity by:

- Enhancing the decision-making ability of managers in Prairie North Health Region. It is showing them what impact different changes will have on key indicators of improved service (e.g., shorter wait times, ensuring that a greater number of patients completed treatment).
- Providing speech language therapists and managers with experience in a quality improvement project and introducing them to the science of Operations Research.

The Cochrane Library

The Cochrane Library is a world-renowned Internet database, designed to help health care providers make evidence-based treatment decisions and inform patients about the care they receive.

Thanks to a partnership involving the Health Quality Council, Canadian Cochrane Network and Centre - Saskatchewan Site, and the Saskatchewan Multitype Database Licensing Program (MDLP), Saskatchewan became the first province in Canada to provide The Cochrane Library free of charge to its citizens. This resource is available in health care facilities and offices in all 13 health regions, and in all public libraries around the province. In 2005-06, Saskatchewan users accessed The Cochrane Library nearly 6,000 times and viewed more than 7,500 articles.

Quality Improvement Network (QIN)

We launched the Quality Improvement Network in July 2003 as a key first step toward improving quality of care in Saskatchewan's health care system. It has grown into an important resource for health regions and the Saskatchewan Cancer Agency to exchange knowledge about, and develop leadership capacity for, quality improvement.

QIN members meet two or three times a year to discuss quality-related issues and identify opportunities to collaborate.

Crossing Sectors

Breast cancer care

HQC and the Saskatchewan Cancer Agency are applying best practices and Operations Research methods to improve the flow of breast cancer patients through the cancer care system, from suspicion of disease to start of treatment.

In April, more than 60 specialist and family physicians, nurses, and representatives of patient and advocacy groups met in Saskatoon and Regina to map care pathways followed by patients with prostate and breast cancer. Health care providers shared information about steps in the process most familiar to them and learned about aspects of the system outside of their area of expertise. Participants also developed lists of potential system improvements.

Following these meetings, we decided to focus first on breast cancer, then address prostate cancer when time and resources allow. A steering committee was created to provide strategic direction to the project and champion quality improvement initiatives throughout the province. HQC is analyzing data to determine time intervals between the main components of breast cancer care, and using Operations Research science to test different options for improving the entire process. Through a survey, we collected patients' perspectives on the timeliness of the various steps in care, patient-provider communication, quality of care received, and how the system can be improved.

Quality improvement teams are being formed to test changes in the various stages of breast cancer care.

HQC is building quality improvement capacity among health professionals involved in breast cancer care by:

- Providing members of the steering committee and quality improvement teams with training and coaching on setting improvement aims, testing ideas for improving cancer care, and measuring the effectiveness of changes. HQC provided a customized TLQIT workshop for the first quality improvement team.
- Developing the quality improvement skills and expertise of a Saskatchewan Cancer Agency employee who will work primarily on improving access to the cancer clinics in Regina and Saskatoon.

Skin and wound care

The prevention and management of wounds is an important aspect of patient care in hospital, home, and long-term care. Research, however, suggests there is considerable variation in quality of wound care, both within and across these sectors.

In January 2004, the Health Quality Council and the Saskatchewan Association of Health Organizations (SAHO) convened a provincial committee to develop a strategy for ensuring patients in this province receive consistent, quality skin and wound care. Over a one-year period beginning in September 2004, it pilot tested in seven nursing homes guidelines for treating pressure ulcers.

The final version of this resource, the Saskatchewan Skin and Wound Care Guidelines, includes sections on normal wound healing, guidelines on caring for pressure ulcers and lower limb ulcers, and tips for applying the best practices in care settings.

HQC has distributed the guidelines to health regions to encourage the use of best practices in wound care in community, acute, and long-term care.

The Skin and Wound Care project built quality improvement capacity by:

- Involving nurses, special care aides, and managers in a pilot project to implement best practice guidelines. HQC provided evidence-based prevention and assessment tools, arranged in-services, and provided implementation and measurement support to participants.
- Demonstrating the effectiveness of evidence-based care. All sites made significant changes to their skin and wound care practices as a result of the project. Participating facilities saw a considerable decrease in the number of residents who acquired a new pressure ulcer.
- Providing evidence-based wound care guidelines to Saskatchewan's health regions.

IHI participants at one of the Saskatoon broadcast sites.

Information: The foundation of quality improvement

There is a frequently cited adage in quality improvement circles: You can't manage what you don't measure. Before we can improve quality of care, we must first be able to quantify or describe current performance. Unfortunately, much of the data currently collected in the health care system counts and measures activity, not quality. This year, HQC made significant investments in collecting primary data in areas where quality of care information does not exist. We shared with Saskatchewan managers and providers the results of our patient experience survey, developed a database to support quality improvement in critical care units, and modified and enhanced an electronic chronic disease patient registry.

Patient experience survey

Saskatchewan's first province-wide survey of acute care hospital patients provided health regions with valuable information about what they are doing well and how they can better serve residents admitted to hospital. Most respondents (94%) rated the overall quality of hospital care they received as good or higher, with three out of four patients rating it as very good or excellent. The greatest opportunities for improvement are related to provider-patient communications, particularly around discharge planning. Just over half (55%) of patients reported being told what medication side effects to watch for after they left the hospital. Patients also want better management of their pain.

We shared the survey results with health regions throughout the spring of 2005, then released them publicly in June.

Adult ICU Quality Improvement Database

Intensive Care Units (ICUs) in Saskatoon and Regina will soon have a new database to assist them in their quality improvement work. The new resource, developed by HQC, will enable the units to track many quality of care indicators, such as occurrence of ventilator-associated pneumonia. The two regions will be able to generate reports to track their improvement efforts; de-identified data will enable HQC to produce reports to support collaborative improvement efforts.

Saskatoon and Regina Qu'Appelle health regions together with HQC selected 18 indicators for the first phase of the project. The database is modeled on an existing quality improvement database at Royal University Hospital's ICU. It will be tested in Regina and Saskatoon ICUs in summer 2006, and should be in full use by fall or early winter.

Chronic Disease Management Toolkit

As part of the Chronic Disease Management Collaborative, doctors and their health care teams are using the CDM Toolkit, an electronic disease registry and decision-support tool. It provides the health professionals participating in this project with access to the information they need to effectively plan and manage treatment of chronic conditions including, for example, reminders when patients are due for cholesterol or blood sugar tests. This resource also enables practices and regional improvement teams to track and monitor their improvements across several key quality measures for coronary artery disease and diabetes.

Engaging our partners on public reporting

This spring HQC opened a discussion with its partners about public reporting on quality of care. Our ability to report on quality at an ever-finer level of detail has increased considerably during the past year.

We invited feedback on a series of proposed principles about the reasons for public reporting, its use and impact, the content of quality reports, and the rights and interests of patients and providers. We also hosted our first "town hall" style public meeting, which attracted more than 300 people, in 22 sites across the province. The evening included a short video featuring Saskatchewan patients, an outspoken consumer advocate, and moderated panel discussion. Feedback on the event was largely positive.

We will over the coming months collate responses to our white paper and input received at the public meeting. Our aim is to finalize by early 2007 the principles that will guide HQC's reporting on health system performance and quality.

In the past year, we have seen increased interest in and demand for quality improvement information and tools. We responded by developing our Teams and Leaders in Quality Improvement Training (TLQIT) workshop, a new capacity-building opportunity for quality improvement teams.

The workshops have been well received by more than 600 managers and providers throughout the province. Each workshop is tailored to the needs of the quality improvement teams participating, to ensure they leave the sessions knowing how to apply their new improvement knowledge and skills to specific projects. We are expanding the workshop content to keep pace with the needs of our audiences.

We are starting to see the early but tangible results of increased knowledge, skills, experience, optimism, and enthusiasm for quality improvement in Saskatchewan. The Health Quality Council's strategic plan for 2007-2010 will build on this momentum, with strategies to further increase and spread capacity for quality improvement in the coming years.

For more information on HQC activities, visit our web site: www.hqc.sk.ca

Board of Directors

Stewart McMillan
(Chair)

Marlene Smadu
(Vice-Chair)

Ross Baker

Peter Barrett

Charlyn Black

John Conway

Daniel Fox

Eber Hampton

Cecile Hunt

Dennis Kendel

Steven Lewis

Yvonne Shevchuk

Health Quality Council Financial Statements

For the Year Ended March 31, 2006

Report of Management

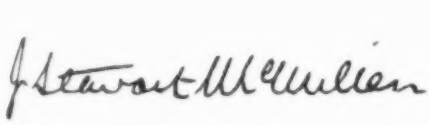
Management is responsible for the integrity of the financial information reported by the Health Quality Council (HQC). Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with Canadian generally accepted accounting principles that are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by the HQC includes an appropriate system of internal controls to provide reasonable assurance that:

- transactions are authorized;
- the assets of the HQC are protected from loss and unauthorized use; and
- the accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, Board members of the HQC discuss audit and financial reporting matters with representatives of management at regular meetings. HQC Board members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the HQC's statement of financial position, statement of operations, statement of change in net financial assets, and statement of cash flows. His responsibility is to express an opinion on the fairness of management's financial statements. The Auditor's report outlines the scope of his audit and his opinion.



J. Stewart McMillan, MB, ChB, CCFP, FCFP
Board Chair

Ben Chan, MD, MPH, MPA
Chief Executive Officer

Saskatoon, Saskatchewan
May 26, 2006

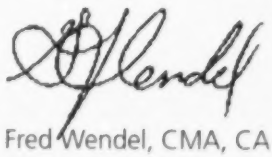
Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Health Quality Council as at March 31, 2006 and the statements of operations, change in net financial assets and cash flows for the year then ended. The Council's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Health Quality Council as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Regina, Saskatchewan
May 26, 2006

Fred Wendel, CMA, CA
Provincial Auditor

Statement of Financial Position

Statement 1
Health Quality Council

As at March 31	2006 (000's)	2005 (000's)
Financial Assets		
Cash	$ 1,940	$ 847
Accrued interest receivable	9	13
Accounts receivable	46	38
Short-term investments (Note 3)	2,182	3,866
	4,177	4,764
Liabilities:		
Accounts payable	1,164	947
Payroll liabilities	128	92
Deferred revenue - Technical Efficiency Fund (Note 5)	765	1,000
	2,057	2,039
Net Financial Assets	2,120	2,725
Non-Financial Assets		
Tangible capital assets (Note 2b & Note 4)	150	231
Prepaid expenses	11	10
	161	241
Accumulated Surplus	$ 2,281	$ 2,966

Contractual commitments (Note 11)

(See accompanying notes to the financial statements)

Statement of Operations

Statement 2
Health Quality Council

For the year ended March 31	2006 Budget (Note 9) (000's)	2006 Actual (000's)	2005 Actual (000's)
Revenue:			
Saskatchewan Health			
- General Revenue Fund	$ 5,000	$ 5,000	$ 3,800
- Technical Efficiency Fund (Note 5)	-	260	-
Interest income	-	82	64
Other income (Note 6)	1	23	42
	5,001	5,365	3,906
Expenses:			
Project funding	1,646	933	624
Grants	1,140	1,054	1,521
Wages and benefits	3,027	2,850	2,310
Travel	409	182	140
Administrative and operating expenses	406	510	264
Honoraria and expenses of the board and committees	272	171	118
Amortization expense	90	103	101
Rent	261	247	188
	7,251	6,050	5,266
Annual Deficit	$ (2,250)	(685)	(1,360)
Accumulated Surplus, beginning of year		2,966	4,326
Accumulated Surplus, end of year		$ 2,281	$ 2,966

(See accompanying notes to the financial statements)

Statement of Change in Net Financial Assets

Statement 3
Health Quality Council

For the year ended March 31	2006 (000's)	2005 (000's)
Annual Deficit	$ (685)	$ (1,360)
Acquisition of tangible capital assets	(23)	(226)
Loss on disposal of tangible capital assets	1	-
Amortization of tangible capital assets	103	101
	81	(125)
Acquisition of prepaid expense	(11)	(10)
Use of prepaid expense	10	-
	(1)	(10)
Decrease in net financial assets	(605)	(1,495)
Net financial assets, beginning of year	2,725	4,220
Net financial assets, end of year	$ 2,120	$ 2,725

(See accompanying notes to the financial statements)

Statement of Cash Flows

Statement 4
Health Quality Council

For the year ended March 31	2006 (000's)	2005 (000's)
Operating Activities:		
Cash Received From:		
Saskatchewan Health - General Revenue Fund	$ 5,000	$ 3,800
Saskatchewan Health - Technical Efficiency Fund	-	1,000
Interest income	111	97
Other income	23	39
	5,134	4,936
Cash Paid For:		
Wages and benefits	2,817	2,271
Supplies and other	2,885	2,231
	5,702	4,502
Cash (used in) provided by operating activities	(568)	434
Capital Activities:		
Purchases of tangible capital assets	(23)	(226)
Cash used in capital activities	(23)	(226)
Investing Activities:		
Purchase of investments	(9,271)	(9,098)
Disposal of investments	10,955	9,484
Cash provided by investing activities	1,684	386
Increase in cash	1,093	594
Cash, beginning of year	847	253
Cash, end of year	$ 1,940	$ 847

(See accompanying notes to the financial statements)

Notes to the Financial Statements

Health Quality Council
March 31, 2006

1. Establishment of the Council

The *Health Quality Council Act* was given royal assent July 10, 2002 and proclaimed on November 22, 2002. The Health Quality Council provides advice to government, regional health authorities, and health care professionals and reports to the public on a wide range of issues related to health system quality and performance. The Health Quality Council commenced operations on January 1, 2003.

2. Accounting Policies

The Health Quality Council uses generally accepted accounting principles as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The following accounting principles are considered to be significant:

a) Revenues

For the operations of the Health Quality Council, the primary revenue is received from Saskatchewan Health – General Revenue Fund. Other sources of revenue include interest and miscellaneous revenue. Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue in the year which related expenses are incurred.

b) Tangible Capital Assets

Tangible capital assets are reported at cost less accumulated amortization. Purchases valued at $250 or greater are recorded as a capital asset. Leasehold improvements are amortized over the length of the lease; the current lease expires in July 2007. Amortization is recorded on a straight-line basis at rates based on the estimated useful lives of the tangible capital assets as follows:

Office Furniture	10 years
Office Equipment	5 years
Computer Hardware	3 years
Computer Software	3 years
Leasehold Improvements	3 years

Normal maintenance and repairs are expensed as incurred.

c) Investments

Investments are valued at the lower of amortized cost or net realizable value.

d) Basis of Accounting

The financial statements are prepared using the accrual basis of accounting.

Notes to the Financial Statements

3. Short-Term Investments

The Health Quality Council held two investments as of March 31, 2006. All investments are held with Saskatchewan Finance. Investments are short-term held for a period of one year or less. The total investments include $693,604 for the Technical Efficiency Fund as established by Saskatchewan Health (Note 5). Investments will decrease over the next fiscal year, as the funds will be used to implement the Health Quality Council's strategic plan and approved projects in the Technical Efficiency Program. Total investments held as of March 31, 2005 were $3,865,739.

	2006	
	Carrying Value (000's)	Interest Rate
Sask Finance:		
Royal Bank	$ 1,685	3.78%
Bank of Ireland	497	3.70%
	$ 2,182	

4. Tangible Capital Assets

The recognition and measurement of tangible capital assets is based on their service potential. These assets will not provide resources to discharge liabilities of the Health Quality Council.

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improve-ments	2006 Totals (000's)	2005 Totals (000's)
Opening cost	$ 140	$ 249	$ 50	$ 439	$ 218
Additions during the year	3	19	1	23	226
Disposals during the year	-	(31)	-	(31)	(5)
Closing cost	$ 143	$ 237	$ 51	$ 431	$ 439
Opening accumulated amortization	49	142	17	208	112
Amortization for the year	16	70	17	103	101
Disposals during the year	-	(30)	-	(30)	(5)
Closing accumulated amortization	65	182	34	281	208
Net book value of tangible capital assets	$ 78	$ 55	$ 17	$ 150	$ 231

5. Deferred Revenue - Technical Efficiency Fund

The Province of Saskatchewan established a $1 million Technical Efficiency Fund in February 2005. Saskatchewan Health has entrusted the Health Quality Council to manage and coordinate the Technical Efficiency Program, which is designed to assess and evaluate those areas of the health care system that the Province has determined could benefit from the application of one or more process improvements:

(a) health system productivity,
(b) timeliness of health care delivery and services,
(c) health outcomes, and
(d) overall patient, public and provider satisfaction with the health system.

A signed agreement describes the responsibilities of Saskatchewan Health and the Health Quality Council. Saskatchewan Health approves all projects and payments that are to be funded through the Technical Efficiency Fund. The term of this agreement is March 1, 2005 to March 31, 2007.

Deferred revenue of $260,408 (2005 - $0) was recorded as revenue as the related costs were incurred. Interest earned of $25,465 (2005 - $0) from investments of the Technical Efficiency Fund accrued to the benefit of the Fund. Unless otherwise directed by the Province, the Health Quality Council will return all unexpended funds, including any interest earned to the Province upon expiration of the agreement.

6. Other Income

Other income recorded by the Health Quality Council is comprised of conference registration fees, and cost recoveries.

Notes to the Financial Statements

7. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown Corporations, departments, agencies, boards, and commissions related to the Health Quality Council by virtue of common control by the Government of Saskatchewan, and non-crown corporations and enterprises subject to joint control or significant influence by the Government of Saskatchewan (collectively referred to as "related parties"). Other transactions with related parties and amounts due to or from them are described separately in these financial statements and notes thereto. The lists below describe related party transactions in the current year, and monies owing to related parties as of March 31, 2006. Amounts less than ten thousand ($10,000) dollars are not listed.

Routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

The Health Quality Council pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Project Funding, Administration & Occupancy Costs	**2006**	**2005**
Athabasca Health Authority	$ 11,199	$ 2,360
Capital Pension Plan	101,296	84,791
Cypress Regional Health Authority	69,606	46,903
Five Hills Regional Health Authority	50,184	39,495
Heartland Regional Health Authority	44,191	57,688
Keewatin Yatthé Regional Health Authority	14,307	9,438
Kelsey Trail Regional Health Authority	50,350	61,426
Mamawetan Churchill River Regional Health Authority	14,782	18,113
Prairie North Regional Health Authority	62,829	88,740
Prince Albert Parkland Regional Health Authority	64,608	72,281
Regina Qu'Appelle Regional Health Authority	281,110	465,447
SaskTel	15,582	20,274
Saskatchewan Association of Health Organizations	35,275	32,504
Saskatchewan Cancer Agency	22,636	41,533
Saskatchewan Finance	20,059	-
Saskatchewan Health Information Network	195,000	-
Saskatchewan Opportunities Corporation	269,283	261,824
Saskatoon Regional Health Authority	489,675	680,722
Saskatchewan Communications Network Corporation	33,893	32,633
Sun Country Regional Health Authority	38,740	65,366
Sunrise Regional Health Authority	60,962	82,090
University of Saskatchewan	109,813	128,813

Accounts Payable	**2006**	**2005**
Capital Pension Plan	$ 16,148	$ 17,122
Cypress Regional Health Authority	20,239	-
Five Hills Regional Health Authority	24,263	22,098
Heartland Regional Health Authority	38,269	17,864
Keewatin Yatthé Regional Health Authority	11,275	-
Kelsey Trail Regional Health Authority	29,095	17,424
Prairie North Regional Health Authority	13,783	28,218
Prince Albert Parkland Regional Health Authority	25,961	30,704
Regina Qu'Appelle Regional Health Authority	93,943	138,890
Saskatchewan Finance	16,482	-
Saskatchewan Health Information Network	195,000	-
Saskatoon Regional Health Authority	262,696	266,231
Sun Country Regional Health Authority	11,249	19,866
Sunrise Regional Health Authority	18,192	28,906
University of Saskatchewan	31,507	101,420

Notes to the Financial Statements

8. Financial Instruments

The Health Quality Council has the following financial instruments: accrued interest receivable, accounts receivable, investments, and accounts payable. The following paragraphs disclose the significant aspects of these financial instruments.

a) Significant Terms and Conditions

There are no significant terms and conditions associated with the financial instruments, other than investments, that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for investments are described separately in these financial statements and notes thereto.

b) Interest Rate Risk

The Health Quality Council is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. The Health Quality Council does not have any long-term investments that may be affected by market pressures.

The Health Quality Council's receivables and payables are non-interest bearing.

c) Credit Risk

The Health Quality Council is exposed to credit risk from potential non-payment of accounts receivable or investment income and principal.

Most of the Health Quality Council's receivables are from provincial and federal governments. Therefore the credit risk is minimal.

All investments are purchased through Saskatchewan Finance and the investments held are either from major banks, or provinces. Therefore, credit risk for investments and related accrued interest receivable is minimal.

d) Fair Value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Accrued interest receivable
Accounts receivable
Short-term investments
Accounts payable

9. Budget

These amounts represent the operating budget approved by the Board of Directors.

10. Pension Plan

The Health Quality Council is a participating employer in the Capital Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 5.5% of gross salary, which are matched by the Health Quality Council. The Health Quality Council's contributions for this fiscal year were $101,296 (2005 - $84,791).

11. Contractual Commitments

As of March 31, 2006, the Health Quality Council had the following commitments with related parties:

a) Quality Improvement Network (QIN)

- The Quality Improvement Network is a key initiative to provide a foundation for improving the quality of health care throughout Saskatchewan. QIN is designed to support the development of quality improvement in Regional Health Authorities and to facilitate the sharing of quality improvement knowledge and experiences, as well as to provide the Health Quality Council with linkages in each region. Since inception up to March 31, 2006, the Health Quality Council through the Quality Improvement Network has provided $2,024,853 (2005 - $1,309,777) in the support of quality improvement in health care. The Health Quality Council's remaining commitment to this program as at March 31, 2006 is $354,581.

b) Office Lease

- The Health Quality Council has a lease for office space with the Saskatchewan Opportunities Corporation. The lease expires on July 31, 2007. The terms of the lease state that there is a rent free period from April 1, 2007 to July 31, 2007. The monthly cost to March 31, 2007 is $20,829.

c) Saskatchewan Health Information Network

- The Health Quality Council and the Saskatchewan Health Information Network have entered into an agreement to customize software; the CDM Toolkit. The CDM Toolkit is designed to assist in the management of Diabetes and Coronary Artery disease. Customization of the CDM toolkit will occur in three phases:

	Cost	Fiscal Year
Release One	$ 195,000	2006
Release Two	$ 105,000	2007
Release Three	$ 150,000	2007

HEALTH QUALITY COUNCIL

For the year ended March 31, 2006

Personal Services

The individuals listed below received payments for salaries and honorariums which total $50,000 or more.

Agnew, Alex	$	82,494
Basky, Greg		74,284
Bingham, Maureen		76,671
Brossart, Bonnie		94,391
Casganette, Paul		61,865
Chan, Ben		258,672
Delaney, Catherine		54,090
Gander, Laura		76,434
Klomp, Helena		60,784
Li, Yong		68,624
Rathgeber, Melanie		58,573
Sidhu, Nirmal		52,282
Teare, Gary		86,271
Timmerman, Tracey		55,790
Verrall, Tanya		54,149
Welch, Pete		61,508
Willoughby, Keith		85,750
Woods, Debra		56,294
Payees under $50,000		954,415
	$	2,373,341

Supplier Payments

The companies listed below represent those suppliers who were paid $50,000 or more for the provision of goods and services.

Capital Pension Plan		101,296
Cronus Technologies	$	77,570
Dr. J Stewart McMillan Medical Prof. Corp.		67,056
Great West Life Assurance Company		94,168
Prescription Pricing Authority		65,726
Saskatchewan Health Information Network		195,000
Saskatchewan Opportunities Corporation		269,133
Saskatoon Regional Health Authority		123,338
University of Saskatchewan		106,238
Suppliers under $50,000		1,153,195
	$	2,151,424

Transfers

The agencies listed below are transfer recipients that received $50,000 or more.

Cypress Regional Health Authority	69,606
Five Hills Regional Health Authority	50,184
Kelsey Trail Regional Health Authority	50,350
Prairie North Regional Health Authority	62,829
Prince Albert Parkland Regional Health Authority	64,608
Regina Qu'Appelle Regional Health Authority	281,110
Saskatoon Regional Health Authority	366,338
Sunrise Regional Health Authority	60,962
University of Calgary	78,850
Transfers under $50,000	153,007
	$ 1,237,843

Health Quality Council Staff

HEALTH QUALITY COUNCIL

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